

## QUESTIONS AND ANSWERS ON FARM AND HOME PLANNING CLINICS

1. What is a farm and home planning clinic?

A group of farm and home supervisors meet to study, analyze and discuss farm and home problems of one or more borrowers; facts and plans to be developed by supervisors individually or in pairs for later comparison and discussion.

2. What is the purpose of the clinic?

To train supervisors in farm and home planning by discussing and comparing analyses and plans made by supervisors individually or in pairs for selected borrowers. It is training by doing.

3. Who should conduct the clinic?

Regional farm and home specialists should assist State personnel and district supervisors who will conduct them.

4. How many supervisors should be present at a clinic?

Ordinarily from six to twelve supervisors make an effective working group.

5. How much time is required to conduct a clinic?

Two days have been used very effectively. In a two-day clinic the first day is devoted to visiting the farms to make observations and get basic information. The second day is devoted to discussing the problems, solutions and plans. If two-day clinics are not practicable, much can be accomplished in one day or one and one-half days.

6. How many and what type of cases should be used?

A successful method of conducting a two-day clinic has been to use three cases; (a) a successful borrower, (b) a borrower whose business needs further improvement but who has resources so that a successful plan can be developed, and (c) a borrower where it is questionable whether a successful plan can be developed. Only in case "b" will a complete plan be developed. For "a" and "c" observations and analysis will be made and the problem will be discussed without developing a complete plan. The cases to be studied should be carefully selected by the county and district supervisors. They should be typical for the area, and should be cases in which necessary data are available and where the borrower and his wife are willing to cooperate. Where less than two days can be devoted to the clinic the number of cases studied will be reduced.



7. May clinics deal with long-time as well as annual plans?

Many basic principles are common with both long-time and annual plans. Clinics may and should be used in training supervisors to assist in making both annual and long-time plans.

8. How should borrowers be prepared for the clinic?

Borrowers should be informed in advance as to the purpose of the clinics and the general way in which it is to be conducted. Such information as they have regarding their farm and home business should be made available. Their full cooperation is necessary if best results are to be obtained.

9. What information should be made available to the supervisor?

For each borrower visited, each supervisor should be supplied with a summary of last year's business, (Form FSA 528, for FO borrowers) and a copy of last year's farm and home plan. Any other basic information available in the county file, field folder, etc., should also be made available for reference. Supervisors should have an opportunity to analyze this information before visiting each farm.

10. How much time should be spent on each farm?

For the two-day clinic, from one to one and one-half hours for the two farms on which plans will not be developed. Three to four hours on farms where a complete plan will be developed.

11. When should clinic be held?

Perferably in late summer or early fall, just before the heavy load for farm and home planning. However, this basic training can be given at any convenient time.

12. In the clinic, can the family be brought into the planning process, as in a real case?

It is not practical for the clinic group, consisting of several supervisors whom the borrower has not previously met, to "go all the way" in bringing the family into full participation in the planning process. In actual process farm and home plans should, of course, be made with families and not for them. In the clinic, however, plans will be made by the trainees for the family, after they have learned as much as possible about the family's desires. An important part of the discussion, after the farm visit, will be the matter of how to bring the family into the planning process. Experience has shown that the fact that the clinic has this limitation with respect to family participation, will not prevent its being a valuable training device.



13. What specific steps should be taken on first day of clinic? (assuming a two-day clinic. In case of a one-day clinic, steps will need to be condensed)
- a. Those taking part in clinics should assemble.
  - b. The clinic leader should explain the plans for clinic and how the interview with the family will be conducted, etc.
  - c. Trainees will be furnished with pertinent information about each farm to be visited (1) summary of last year's farm business (2) last year's farm and home plan (c) etc.
  - d. Supervisors will be given an opportunity to study this information prior to the visit to each farm.
  - e. The group will go to the farm.
  - f. After making contacts with farmer and wife, the group should go over the farm, observe layout of fields, crops, livestock, etc. Home supervisor should see home, garden, poultry house, etc. Estimates should be made by supervisors of value of livestock and chattels, and they should try to see the principal factors responsible for success or failure.
  - g. There should be a discussion with farmer led by supervisor. This should bring out the borrower's ideas, reactions and thinking. It should develop the information necessary to prepare a farm and home plan. The home supervisor will lead a discussion with the farmer's wife relative to plans for the home. The farmer and wife should be available for joint discussion of general problems. This discussion will be brief for the two farms where no complete farm and home plan is to be developed. It will be more detailed on farm where a complete plan is to be developed. The supervisor should be left relatively free to develop his discussion with the borrower without serious interruption, although an opportunity should be given to other trainees to ask questions at the close of his interview.
  - h. The group will then go back to headquarters and write up the plans individually and independently, except that there may be pairs of farm and home supervisors working together. There should be no discussion between supervisors in reference to the information on farm plan developed either at the farm or afterwards.
14. How should clinic proceed the second day?
- a. Request each supervisor to place key items regarding each borrower in table on blackboard. The summary for the borrower for which a complete plan has been prepared will be the more complete.
  - b. Request supervisors to discuss the basis for their estimates and the reasons for their recommendations.



- c. The differences in the estimates and plans of supervisors should be noted and discussed. Criticisms should be made and opportunity given for bringing out significant points. (The clinic leader must keep in mind that he is teaching a method. He must avoid getting lost in technical details and in arguments that lead to nowhere.)
  - d. An effort should be made to arrive at a common agreement as to the best plan for the farm. The end product should be the best plan agreed to by the majority.
  - e. Methods or techniques which would be most effective in getting the family to adopt the changes agreed to should be discussed. The discussion should also include the method of getting the family to participate in the planning process.
  - f. A schedule of supervisory visits to the family should be developed.
  - g. The clinic leader should summarize the main points brought out as a result of the planning process and discussion.
15. What follow-up should be made with respect to farm and home planning clinics.

The farm and home management specialists and district supervisors should keep in mind the outstanding weaknesses in farm and home planning that need correction. Every effort should be made to correct these in follow-up work with personnel after the clinic. Such follow-up work should include spot-checking, discussions, emphasizing important factors at meetings, etc. Special assistance should be given particular supervisors whose work is in special need of improvement.

16. What kind of a training program should the region develop with respect to farm and home planning clinics?